

Veterans Affairs Physician Assistant Association

**HOUSE COMMITTEE ON VETERANS AFFAIRS
SUBCOMMITTEE ON
HEALTH**

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President VAPAA

Rubina DaSilva PA-C

Chairman Benishek, Ranking Member Brownley, and other members of the House Veterans Affairs Subcommittee on Health, on behalf of the entire membership of the Veterans Affairs Physician Assistant Association (VAPAA) we appreciate the invitation to provide this testimony before you today.

The Physician Assistant (PA) profession has a special unique relationship with veterans. The very first classes of physician assistants to graduate from PA educational programs were all former Navy corpsmen and Army medics who served in the Vietnam War and wanted to apply their knowledge and experience in a civilian role. Today, there are 196 accredited PA educational university programs across the United States and approximately 2,020 PAs are employed by the Department of Veterans Affairs (VA), making the VA the largest single federal employer of PAs. These PAs provide high quality, cost effective quality healthcare working in hundreds of VA medical centers and outpatient clinics, providing medical care to thousands of veterans each year in their clinics. Physician Assistants work in both ambulatory care clinics, emergency medicine, CBOC's in rural health, and in wide variety of other medical and surgical subspecialties.^{1,2} In the VA system about a quarter of all primary care patients treated are seen by a PA³. Approximately 32% of PAs today employed by VHA are veterans, retired military, or currently serving in the National Guard and Reserves.

The Veterans Affairs Physician Assistant Association (VAPAA) maintains that Physician Assistants are a critical component of improving VA healthcare delivery, and have consistently recommended that VHA include them in all healthcare national strategy staffing policy plans. Since January 1993 when VA added the Title 38 GS-13, Chief Grade more than 22 years ago, little else has been done for this critical workforce.

Growth of the Physician Assistant Profession

Forbes, US News & World Report, and New York Times articles all again named physician assistant occupation the single best master's degree for the third year in a row, citing the profession's favorable outlook for salary and long-term employment. The PA field was listed as one of the 50 best careers in 2014 due to increasing demand for healthcare services, the impending retirement of baby boomers, and broader efforts to limit healthcare costs. [2] According to the US Bureau of Labor Statistics the PA profession is expected to grow by 38% from 2012-2022.

¹ William Fenn, PhD, PA, Vice President, American Academy of Physician Assistants, Testimony before the United States Senate Committee on Veterans Affairs, *Hearing on S. 1155, a bill to elevate the VA's PA Advisor to a full-time director of PA services in VA central office*, (October 21, 2009)

² Physician Assistant Education Association, Letter to Senate Majority Leader Harry Reid and Speaker of the House Nancy Pelosi (January 15, 2010) <http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/99520>

³ American Academy of Physician Assistants, Press Release (March 5, 2011)

http://www.aapa.org/news_and_publications/pa_pro_now/item.aspx?id=1917

[2] US News and World Report, Best Careers 2011: Physician Assistant (December 6, 2010)

<http://money.usnews.com/money/careers/articles/2010/12/06/best-careers-2011-physician-assistant>

The [National Commission on Certification of Physician Assistants](#) (NCCPA) reports unprecedented levels of demand for PAs upon graduation, with 78 percent of recent graduates receiving multiple job offers and 52 percent entertaining three or more.⁴ The AAPA's annual census reports of the PA profession showed that nearly 22 percent of the total profession was employed by the federal government in 1991, and has since documented a steady and significant decline, with the percentage dropping to nine percent in 2008, where it has remained. New graduate census respondents were even less likely to be employed by the government (17 percent in 1991, down to 5 percent in 2008).⁵

VHA Recruitment and Retention Problems Continue to rise

Although Physician Assistants provide health care access for millions of veterans each year, VHA has not developed strategic national plans to address the chronic 12% to 14% total loss rate, which is the highest of any profession in the VA and VHA - top ten hard to recruit occupations. With the existing reported disparity in pay between PAs employed by the VA and the private sector market this problem continues to grow. For several years, *The Independent Budget* veterans service organizations (IBVSOs) along with American Academy Physician Assistants (AAPA), and Veterans Affairs Physician Assistant Association (VAPAA), have all recommended that Congress and VHA ensure the retention and recruitment problems for PAs be immediately rectified with new national targeted policy and programs for this critical occupation.

The recent VA Office of Inspector General (OIG) Report #15-00430-103, January 30, 2015; conducted a determination of Veterans Health Administration (VHA) occupations with the largest staffing shortages as required by Section 301 of the Veterans Access, Choice, and Accountability Act of 2014. VAOIG determined Physician Assistants were 3rd compared to all other VHA occupations with the largest staffing shortages,⁶

We stress that in addition to the VAOIG report the National Workforce Succession Planning 2015 - the data demonstrates the scope of the problems if something is not done to correct the barriers to keeping PAs integrated in VA systems of care.

According to the 2015 National Workforce Succession Planning 2015

- In 2016 37% of VHA PAs are eligible to retire. That is an approximate loss of 600 Physician Assistants. This workforce loss will result in a loss of approximately 1.150 million veteran eligible patient care appointments
- By 2021 48% of VHA PAs are eligible to retire.
- 2014 - PAs have the highest *Total Loss Rate* of 10%; more than any of the other top ten occupations deemed difficult to recruit and retain.

⁴ <https://www.aapa.org/twocolumn.aspx> AAPA News October 6, 2014

⁵ www.AAPA.Org Annual Census Reports 2009-2010

⁶ VAOIG Report #15-00430-103, January 30, 2015 VA Health Care Critical Occupations Staffing

- 2014 - 14.28 % VHA PAs left the VA due to compensation (salary and benefits), second only to retirement at 28.6%
- 2014 Only 2.7% Physician Assistants chose the VA because of pay/compensation
- 2014 Merritt-Hawkins, *Review of physician and advanced practitioners recruiting incentives*: For PAs in private sector, cite relocation allowance: average \$6,904 with a high of \$10,000. Sign on bonus: average \$8,000 with a high of \$20,000
- 2014 Merritt-Hawkins, 2013/14 PA private sector education loan forgiveness: average \$40,000 with a high of \$60,000. Loan forgiveness in the private sector is paid up front with a service commitment.

Civilian Sector Competition

The PA workforce has grown far less than other physician extender positions within the VHA; therefore, a signal of retention and recruiting problems. The discrepancy in salary, benefits and education debt reduction programs between the civilian sector and the VHA continue to be a recruiting and retention barrier. Currently Physician Assistants remain in an antiquated pay system with no competitive market survey resulting in a large pay disparity with the civilian sector. For certain professions the VA utilizes the Nurse Locality pay system surveys (LPS) allowing for market salary surveys aligning these professions within the VA with the private sector market. Inclusion of Physician Assistants into the Nurse LPS will allow for salary adjustments so that the VHA can be competitive with the local market. Since a salary survey is not mandated it is not widely supported at many VAMC's or at VISN levels. The Secretary of the VA may sign occupations into the Nurse LPS with the power given in Public Law 101-366-August 15, 1990, subchapter IV-Pay for nurses and other health care personnel.

VAPAA is also concerned that the use of recruitment incentives within the VA is at the discretion of the hiring facility and is not standardized across the VA system. During 2012-2013 only 44 Physician Assistants have received \$319,074 in funding to further their education in comparison to Seven hundred five registered nurses seeking to become Nurse Practitioners receiving scholarship awards totaling over \$11,842,919 in support of NPs and NP programs. VA should implement recruitment and retention tools targeting Employee Incentive Scholarship Program and Employee Debt Reduction Program funding to include PAs and that these programs are made consistently available to all advertised PA vacancy announcements. VISN and VA medical center directors must be held accountable for the failure to utilize these recruiting tools. EDRP cannot be issued unless it is advised in the initial vacancy announcement in USA Jobs.

VA must make certain that employees gain opportunities for required PA professional development and continuing education and training. Physician Assistants provide high quality, cost effective medical care as they are held to the same standards of healthcare delivery as their MD/DO VA colleagues who are afforded a yearly stipend for continuing educations. PAs must maintain 100 hours of CME every two years; 50 hours must be Category 1 and 50 hours of Category II. Physician Assistants must recertify by examination every 10 years. In order to be

competitive with the civilian sector, the VA must make certain that employees gain opportunities for required PA professional development and continuing education and training in support in maintaining a high level of professional competence.

Delays in Hiring Health Care PA Employees

VAPAA has found that whenever a PA employee leaves the VA, the VA acknowledges that six months to a year are required to fill one vacant position—assuming a viable pool of candidates is interested and available. When VA seeks to replace healthcare professionals, VA cannot compete with nimble private health care systems. The lengthy process VA requires for candidates to receive employment commitments and boarding continues to hinder the VA ability to recruit and officially appoint new employees.

Privatehealth care systems can easily fill PA vacancies in a matter of days or weeks. While PA applicants may have noble intentions of working for VA and serving veterans, many will forgo what could be a 4 to 6 month long waiting period and pursue timely employment opportunities elsewhere. For these reasons, we ask Congress to carefully review VA appointment authorities, internal credentialing processes, and common human-resources practices to identify ways to streamline the hiring process. If the VA takes months to fill its healthcare vacancies with top talent, VA will continue to fail the delivery of timely, quality care to our nation’s veterans.

Members of HVAC sent bipartisan letters of inquiry to the Secretary of the VA last October, requesting specific plans for utilizing VHA provisions (Titles III and VIII of the newly enacted Veterans Access, Choice, and Accountability Act of 2014) to include the specific national VHA plans for expanding recruiting for new FTEE PA positions and for retaining an optimal PA workforce. The responses detailed outdated ineffective programs leaving VISN directors and local facilities to address the problems.

Department of Veterans Affairs “Independent Care Technician” (ICT) Program, One Solution to Support Transitioning Medics and Corpsmen OIF OEF OND into “Grow Our Own” to Physician Assistant Occupation

VAPAA points to another solution for meeting the healthcare workforce challenges in a recent pilot program. On October 26, 2011, the Administration announced its commitment to providing support to unemployed Post 9/11 combat veterans and it highlighted the PA profession as a prominent targeted career path for new returning veterans who had served as medics and corpsmen with combat medical skills similar to the history of returning Vietnam War veterans with these skills within the ICT pilot VA program at 19 VA sites. Under this initiative, the Administration promoted incentives to create training, education, and certifications of these veterans needing in transition to a civilian application of their military medical skills, being hired to work inside VA emergency departments, and has expanded into primary care, mental health, and surgery clinic positions. Then the ICT’s should be encouraged to enter into college healthcare education, such as entering the PA profession.

The VA has an excellent opportunity to facilitate and coordinate “Grow Our Own” combat medics, Corpsmen, or Air Force paramedics to transition to the physician assistant occupation. Existing legislation though needs to be amended to include specifically making the ICT permanent (ICT’s) a Grow Our Own VHA program and language directing VHA to support candidates, assisting them in obtaining their necessary educational eligibility requirements for prerequisites for admission to accredited PA university Masters programs, and then continue to provide employment training throughout their PA education with targeted scholarships for PA Education.

- Initial temporary appointment of selected veteran Medics and Corpsmen as Independent Care Technicians ICT’s (0640 Health Aid and Technician Series – GS-7)
- Convert the appointment as a Physician Assistant (Master’s) upon graduation from accredited PA university program and National Commission on Certification Physician Assistants (NCCPA) to Title 38 PA employee.

The VAPAA and AAPA were encouraged by this pilot ICT program started in 2010, but are still very concerned that the lack of use of recruitment incentives within VHA is left at the discretion of the hiring facility and is not standardized across the VA system with VA scholarships rarely utilized for entering into the critical PA occupation shortages. The recent track record is an “early warning sign” of the problems that continue today. The Office of VA Healthcare Retention and Recruitment and the VAMC’s participating in the pilot ICT program have no dedicated support to transition them into PAs in the Employee Incentive Scholarship Program (EISP) or EDRP. To effectively address the barriers to PA recruitment and retention, VA must ensure that employee incentive programs, such as the EISP and the VA Employee Debt Reduction Program are made consistently available to all advertised PA vacancy announcements and utilized in ICT the program. VISN and VA medical center directors they must be held accountable for the failure to utilize these recruiting tools.

Critical Workforce Occupation:

VA’s mission statement for human resources is to recruit, develop, and retain a competent, committed, and diverse workforce that provides high quality service to veterans and their families. VA identifies specific occupations as “critical occupations” based on the degree of need and the difficulty in recruitment and retention.

Summation:

There are 3 types of providers within the VA that provide direct patient care - Physicians, Physician Assistants and Nurse Practitioners. Physicians have *mandated* yearly market pay survey. Nurse Practitioners, by virtue of being a nurse, are under the *mandated* yearly RN LPS. PAs fall under *Special Salary Rates*, however, this is NOT *mandated yearly*. Some facilities have not performed a special salary survey for 11 years, resulting in the reporting in the VISN 2014-15 Workforce Succession Plan - 12 out of the 21 VISNs (88 VA main facilities) reported the reason that their VISN cannot hire PAs is because they cannot compete with the private sector

pay. [Pub. L. 102-40](#), title III, § 301(a), May 7, 1991, [105 Stat. 208](#) specifically states that the Secretary can convert Physician Assistants to 'covered positions' and pay them pursuant to section 7451 of such title, as re-designated by section 401(c)." However VA has refused to pursue these steps to solve the current retention problems for PAs.

Recommendation 1: Congress should legislatively mandate that the VHA Under Secretary for Health include PAs in the Nurse Locality Pay System under 38 U.S. Code § 7451 - Nurses and other healthcare personnel: competitive pay (2) The health-care personnel positions referred to in paragraph (1) (hereinafter in this section referred to as "covered positions" are the following: (A.) Registered nurse adding: Physician Assistant. Such positions referred to in paragraphs (1) and (3) of section 7401 of this title (other than the positions of (physician, dentist, registered nurse, and physician assistant) as the Secretary may determine upon the recommendation of the Under Secretary for Health. The USH shall set PA grade levels I, II, III, IV for salary grades corresponding to RN grade levels.

PUBLIC LAW 101-366—AUG. 15, 1990 104 STAT. 431. Authorizes the USH to recommend to the VA Secretary to include other occupations into the LPS.

Recommendation 2: VHA shall establish and adopt standards for the 3R's for PAs to compete with the private sector with national strategic plan for retention and recruitment. VHA must hold medical center directors accountable for failure to utilize incentives known to improve recruitment and retention of PAs and set requirements for posted vacant positions.

Recommendation 3: Establish new standards for EDRP. Model the program after the private sector with upfront education loan relief. VAMC's must advertise in all PA vacancy announcements so prospective applicants are aware of EDRP loan forgiveness. Move the program application process nationally for accountability since this not facility funds but a VA funded program.

Recommendation 4: Establish standards to create a robust EISP/VANEPP program to encourage VA employees to apply and use national funding to go to PA school. Move the program under the local Designated Learning Officer (DLO). Hold medical center directors accountable for failure to utilize and advertise EISP/VANEPP to advance VA employees in their education as PAs.

Recommendation 5: Include targeted scholarships for the ICT program OIF OEF Grow Our Own returning veterans, and mandate VHA shall appoint PA ICT program director to coordinate the educational assistance necessary and be liaison with PA university programs.

Recommendation 6: Move all direct patient care positions to the National Healthcare Recruiter, Workforce Management & Consulting VHA Healthcare Recruitment & Marketing Office. This Office can compete with the private sector in a way that the local Human Resource Officer (HRO) often will not. The VA National Healthcare Recruiter has

a proven track record of finding qualified candidates in a matter of days not months. VHA must incorporate a PA consultant into this National Healthcare Workforce program office.

Recommendations 7: Congress needs to carefully review VA appointment authorities, internal credentialing processes and common human-resources practices to identify ways to streamline the hiring process.

Conclusion:

Chairman Benishek and Ranking Member Brownley and other members as you strive to ensure that all veterans receive timely access to quality healthcare and as you build increased capacity for delivery of accessible high quality health care, and demand more accountability into the VA health care system, I strongly urge the full Committee to review the important critical role of the PA profession and ensure VHA takes immediate steps to address the current problems. On behalf of the 2,020 PAs employed in the VA system, I appreciate this opportunity to testify here today and ask for your help in supporting our nation's veterans. I will gladly now answer any questions that you might have regarding this testimony.

DISCLOSURE OF FEDERAL GRANTS OR CONTRACTS

Veterans Affairs Physician Assistant Association

The Veterans Affairs Physician Assistant Association (VAPAA) does not currently receive any money from a federal contract or grants. During the past six years, VAPAA has not entered into any federal contracts or grants for any federal services or governmental programs.

VAPAA is a 501c (3) nonprofit membership organization.

VAPAA Witness Biography

Rubina DaSilva, PA-C

Rubina DaSilva served four years on active duty as a Navy Hospital Corpsman from 1992-1996. In 1996, she married an active duty Navy Seabee. Upon completion of her active duty contract, she attended community college to pursue her goal of becoming a Physician Assistant (PA) while working part time. She obtained an Associate of Arts degree in 1998 from Okaloosa-Walton Community College in Florida and served as an active Reservist from 1996-1999. She left the reserves when she moved to Philadelphia to attend MCP Hahnemann University. She graduated with a Bachelor's of Science degree in Physician Assistant Studies in 2001. Her first employment was in a small town, population of 2000, in Spencer, West Virginia. She wanted to work in a remote and rural setting. Post 9/11, she and her husband enlisted back in the active Navy Reserves. In December of 2002, her husband deployed for 8 months in support of OIF/OEF, upon his return, he was accepted into West Virginia University, they moved to

Fairmont, WV. The clinic was recognized as a Federally Quality Health Center (FQHC). Her position was the sole provider in a satellite clinic about 15 miles away from the main clinic. It was a great experience both professionally and personally, especially working with coal miners and their families. Rubina applied and was granted the National Health Service Corps loan repayment where she had a service obligation of 2 years. She practiced medicine for 5 years in West Virginia until she found the opportunity to go home to Texas and find employment with the VA.

Rubina has been employed by the Michael E. DeBakey Houston VA Medical Center since 2007. Her first position was in a Community Based Outpatient Clinic (CBOC) as a primary care provider and was the OIF/OEF champion for the clinic and provided coverage in the emergency room two weekends a month. She has since 2010 been working at the main hospital in the Occupational Health Clinic. She is a board member of the National VA Occupational Health Advisory Board. She is also a member of the National VHA Physician Assistant Field Advisory Committee.

She has been a member of Veteran Affairs Physician Assistant Association since 2008 and became president of the organization in June of 2014. She will obtain her Masters Business Administration in Health Care Management (MBA-HC) degree this fall of 2015.

On a personal note, she has been married for 19 years and has two daughters ages 10 and 9. She is able to speak four languages. She enjoys running and completed her first marathon; the Marine Corps Marathon in Oct 2014.